

Clinical Information Required for Transplant Service Requests

Please submit the required information **collectively at the same time** to prevent possible delays or denials of request. Standard requests will be processed as expeditiously as possible but may take up to 14 calendar days.

Type of Transplant	REQUIRED CLINICAL INFORMATION
HLA Testing or Stem Cell Collection	<ul style="list-style-type: none"> • A typed signed statement from <u>a transplant service PHYSICIAN or appropriate treating PHYSICIAN specialist only</u> indicating that this patient is an appropriate candidate to be considered for HLA typing or Stem Cell Collection. • The statement should include a transplantable diagnosis, current symptoms physical findings (height, weight, BMI), current treatment summary, appropriate comments relating to patient's perceived emotional stability and compliance, comments related to cigarette smoking, alcohol consumption, substance abuse, social history and family support • <u>Most recent Bone Marrow biopsy</u> results.
Transplant Consult Visit	<ul style="list-style-type: none"> • A typed signed statement from <u>a transplant service PHYSICIAN or appropriate treating PHYSICIAN specialist only</u> indicating that this patient is an appropriate candidate to be considered for Pre Transplant Office Consult visit and type of Transplant requested • The statement should include a transplantable diagnosis, current symptoms physical findings (height, weight, BMI), current treatment summary, appropriate comments relating to patient's perceived emotional stability and compliance, comments related to cigarette smoking, alcohol consumption, substance abuse, social history and family support.
Transplant Evaluations	<ul style="list-style-type: none"> • A typed signed statement from <u>a transplant service PHYSICIAN or appropriate treating PHYSICIAN specialist only</u> indicating that this patient is an appropriate candidate to be considered for Pre Transplant Evaluation, type of Transplant requested and Urgency of request. • Most recent History and Physical (<u>less than 90 days from the date of request</u>) should include a transplantable diagnosis, current symptoms, physical findings (height, weight, BMI), current treatment summary, appropriate comments relating to patient's perceived emotional stability and ability to comply with post transplant care, comments related to cigarette smoking, alcohol consumption, substance abuse, social history and family support. • Basic pertinent chemistry labs, <u>less than 90 days old</u>. • <u>If substance abuse or psychiatric history present a detailed typed psychosocial evaluation is required at this time by a LCSW or MSW</u> • <u>For Liver transplant/MVT Transplant Evaluation:</u> Liver biopsy if available, MELD/PELD score with most recent Total Bilirubin, INR and serum Cr results and appropriate hepatitis and serology studies. • <u>For Kidney Transplant Evaluation:</u> GFR or Creatinine clearance if not on dialysis. • <u>For Heart Transplant Evaluation:</u> Most recent Echo, Cardiac Catherization report, Ejection Fraction and other pertinent (if they have been done). • <u>For Lung Transplant Evaluation:</u> Most recent Pulmonary Function Test

<p>Transplant Listing or Transplantation Request</p>	<ul style="list-style-type: none"> • A <u>typed signed statement</u> from <u>a transplant service PHYSICIAN only</u> indicating that this patient is an appropriate candidate to be considered for Transplantation, type of Transplant requested and Urgency of request. • Most recent History and Physical (<u>less than 90 days from the date of request</u>) should include a transplantable diagnosis, current symptoms, physical findings (height, weight, BMI), current treatment summary, appropriate comments relating to patient's perceived emotional stability and ability to comply with post transplant care, comments related to cigarette smoking, alcohol consumption, substance abuse, social history and family support. • Basic pertinent chemistry labs, <u>less than 90 days old</u>. • Dental Clearance Statement from Dentist • Serum/Urine Drug screen for all candidates over the age of 18 or younger if substance abuse history, less than 90 days old from the date of this request. • <u>Hgb A1C</u> if member has history of Diabetes. • <u>Most recent HIV test results</u> • <u>Detailed typed psychosocial evaluation, if not previously submitted with transplant evaluation request, by a LCSW or MSW.</u> • <u>Normal Health Screening results:</u> Female age >40 – Most recent Mammogram (< 1yr old), Most recent PAP; Male age >50 – PSA (< 1yr old), Male and Female age > = 50 yrs old- Most recent Colonoscopy with biopsy results if applicable. • <u>For Liver transplant/MVT Transplant :</u> Liver biopsy if available, MELD/PELD score with most recent Total Bilirubin, INR and serum Cr results and appropriate hepatitis studies. • <u>For Kidney Transplant:</u> GFR or Creatinine clearance if not on dialysis. • <u>For Heart Transplant:</u> Most recent Echo, Cardiac Catherization report, Ejection Fraction and other pertinent (if they have been done). • <u>For Lung Transplant :</u> Most recent Pulmonary Function Test
<p>Transplant Listing Annual Authorization Extension and/or Request for Continuity of Care for Previously Listed members</p>	<ul style="list-style-type: none"> • A <u>typed signed statement</u> from <u>a transplant service PHYSICIAN ONLY</u> indicating that this patient is an appropriate candidate to be considered for Continued Transplant Listing. • Most recent History and Physical (<u>less than 90 days from the date of request</u>) should include a transplantable diagnosis, current symptoms, physical findings (height, weight, BMI), current treatment summary Copy of Current UNOS Active listing status • Basic pertinent chemistry labs, <u>less than 90 days old and transplant type specific labs (ie: MELD/PELD score with most recent Total Bilirubin, INR and serum Cr results)</u>. • <u>Detailed UPDATED psychosocial evaluation from LCSW or MSW,</u> with appropriate comments relating to patient's perceived emotional stability and ability to comply with post transplant care, comments related to cigarette smoking, alcohol consumption, substance abuse, social history and family support <u>less than 90 days old.</u> • Annual Serum/Urine Drug screen for all candidates over the age of 18 less than 90 days old from the date of the request. • Annual dental clearance statement less than 6 months old from the date of this request.